

## MOUNT CARMEL HEALTH &amp; REHABILITATION CENTER

5700 WEST LAYTON AVENUE

MILWAUKEE 53220

Phone: (414) 281-7200

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 457

Total Licensed Bed Capacity (12/31/03): 457

Number of Residents on 12/31/03: 441

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 429

Nonprofit Limited Liability Company

Skilled

No

Yes

Yes

429

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		22.4	
Supp. Home Care-Personal Care	No					1 - 4 Years		43.1	
Supp. Home Care-Household Services	No	Developmental Disabilities	2.9	Under 65	6.1	More Than 4 Years		22.4	
Day Services	No	Mental Illness (Org./Psy)	35.1	65 - 74	12.7				
Respite Care	No	Mental Illness (Other)	7.0	75 - 84	36.3			88.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.2	85 - 94	40.1	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.8	Full-Time Equivalent			
Congregate Meals	Yes	Cancer	1.8			Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	2.9		100.0	(12/31/03)			
Other Meals	No	Cardiovascular	10.7	65 & Over	93.9				
Transportation	No	Cerebrovascular	10.7			RNs		7.4	
Referral Service	No	Diabetes	8.8	Gender	%	LPNs		12.3	
Other Services	No	Respiratory	5.4			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	14.3	Male	26.8	Aides, & Orderlies			
Mentally Ill	No			Female	73.2				
Provide Day Programming for			100.0						
Developmentally Disabled	Yes				100.0				

## Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All		
Int. Skilled Care	0	0.0	0	1	0.3	147	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.2		
Skilled Care	64	100.0	317	266	87.8	126	0	0.0	0	41	100.0	165	32	100.0	126	1	100.0	165	404	91.6		
Intermediate	---	---	---	36	11.9	105	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	36	8.2		
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0		
Total	64	100.0		303	100.0		0	0.0		41	100.0		32	100.0		1	100.0		441	100.0		

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of Residents
Private Home/No Home Health	5.8	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	
Private Home/With Home Health	0.0	Bathing	0.7	78.2	21.1	441
Other Nursing Homes	1.4	Dressing	8.6	76.0	15.4	441
Acute Care Hospitals	92.3	Transferring	19.7	64.2	16.1	441
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	13.8	67.1	19.0	441
Rehabilitation Hospitals	0.3	Eating	49.7	37.9	12.5	441
Other Locations	0.3	*****				
Total Number of Admissions	365	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	8.6	Receiving Respiratory Care		0.0
Private Home/No Home Health	5.8	Occ/Freq. Incontinent of Bladder	51.5	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	50.1	Receiving Suctioning		0.7
Other Nursing Homes	3.6			Receiving Ostomy Care		1.4
Acute Care Hospitals	41.6	Mobility		Receiving Tube Feeding		6.3
Psych. Hosp.-MR/DD Facilities	2.2	Physically Restrained	1.1	Receiving Mechanically Altered Diets		41.7
Rehabilitation Hospitals	0.3					
Other Locations	3.3	Skin Care		Other Resident Characteristics		
Deaths	43.2	With Pressure Sores	4.3	Have Advance Directives		100.0
Total Number of Discharges (Including Deaths)	361	With Rashes	1.4	Medications		
				Receiving Psychoactive Drugs		55.6

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Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit Peer %	Group Ratio	Bed Size: 200+ Peer %	200+ Group Ratio	Licensure: Skilled Peer %	Skilled Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.9	87.9	1.07	86.1	1.09	86.6	1.08	87.4	1.07
Current Residents from In-County	91.4	87.5	1.04	79.8	1.15	84.5	1.08	76.7	1.19
Admissions from In-County, Still Residing	38.1	22.9	1.66	24.0	1.58	20.3	1.88	19.6	1.94
Admissions/Average Daily Census	85.1	144.5	0.59	118.5	0.72	157.3	0.54	141.3	0.60
Discharges/Average Daily Census	84.1	147.5	0.57	120.4	0.70	159.9	0.53	142.5	0.59
Discharges To Private Residence/Average Daily Census	4.9	49.7	0.10	34.8	0.14	60.3	0.08	61.6	0.08
Residents Receiving Skilled Care	91.8	93.9	0.98	91.2	1.01	93.5	0.98	88.1	1.04
Residents Aged 65 and Older	93.9	97.1	0.97	90.2	1.04	90.8	1.03	87.8	1.07
Title 19 (Medicaid) Funded Residents	68.7	50.3	1.37	62.8	1.09	58.2	1.18	65.9	1.04
Private Pay Funded Residents	9.3	34.6	0.27	20.6	0.45	23.4	0.40	21.0	0.44
Developmentally Disabled Residents	2.9	0.6	4.95	0.9	3.36	0.8	3.49	6.5	0.45
Mentally Ill Residents	42.2	35.5	1.19	32.9	1.28	33.5	1.26	33.6	1.26
General Medical Service Residents	14.3	23.0	0.62	20.1	0.71	21.4	0.67	20.6	0.70
Impaired ADL (Mean)	49.3	51.9	0.95	51.2	0.96	51.8	0.95	49.4	1.00
Psychological Problems	55.6	62.2	0.89	61.5	0.90	60.6	0.92	57.4	0.97
Nursing Care Required (Mean)	7.0	7.2	0.97	7.6	0.92	7.3	0.96	7.3	0.95